

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

43145

10

1. PLACE OF DEATH

County Superior
Township Green
City Green City (No.)

Registration District No. 849
Primary Registration District No. 6114

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|---|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Margaret Myers</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 3-1857</u> | | |
| 7. AGE YEARS <u>74</u> MONTHS <u>3</u> DAYS <u>1</u> If LESS than 1 day, hrs. or min. | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired farmer</u> | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | 10. Date deceased last worked at this occupation (month and year) |
| 11. Total time (years) spent in this occupation | | |

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|---|
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u> |
| 13. NAME <u>Henry Myers</u> |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u> |
| 15. MAIDEN NAME <u>Mary O'Sheffer</u> |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u> |
| 17. INFORMANT (ADDRESS) <u>Jennie Moore</u> |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>McAlister</u> DATE <u>12-9</u> 19 <u>31</u> |
| 19. UNDERTAKER (ADDRESS) <u>Green E. Tamm</u> |
| 20. FILED <u>Dec. 12, 1931</u> <u>Miss Kate Lane</u> Registrar |

MEDICAL CERTIFICATE OF DEATH

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|---|
| 21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Dec. 4</u> 19 <u>31</u> |
| 22. I HEREBY CERTIFY, that I attended deceased from <u>July 1</u> 19 <u>31</u> , to <u>Dec. 4</u> 19 <u>31</u> I last saw him alive on <u>Dec. 4</u> 19 <u>31</u> . Death is said to have occurred on the date stated above, at <u>10 a.m.</u> The principal cause of death and related causes of importance were as follows: <u>Valvular Heart Disease</u> <u>72-A</u> Other contributory causes of importance: <u>92-A</u> |
| Name of operation Date of What test confirmed diagnosis? Was there an autopsy? <u>No</u> |
| 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19..... Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury |
| 24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify (Signed) <u>W. M. Riggins</u> M. D. (Address) <u>Green City Mo.</u> |

